LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES OLIVE VIEW-UCLA MEDICAL CENTER

${\tt MEDI\text{-}CAL\ PAYOR\ CONTRACTS\ -\ COMPREHENSIVE\ BUNDLED\ INPATIENT\ SERVICES\ BY\ SERVICE\ AREA*}$

EFFECTIVE JANUARY 1, 2023 UPDATED AS OF 12/15/2022

SHOPPABLE BUNDLED INPATIENT SERVICES (Per Diem=Per Day Rate)		HEALTH NET (Medi-Cal Managed Care)		BLUE SHIELD PROMISE (Medi-Cal Managed Care)		ANTHEM BLUE CROSS (Medi-Cal Managed Care)			L.A. CARE (Medi-Cal Managed Care)		Maximum Negotiated Rate	Minimum Negotiated Rate	
Medical Services	CPT/HCPCS Code	Facility**	Professional	Facility**	Professional***		Facility**	Professional***	Facility**	Professional***	Facility**		Facility**
SUB-ACUTE	n/a	\$ 840	included in Per Diem rate		not contracted	ı \$	822	not contracted	\$ 819	not contracted	\$ 840) \$	778
ACUTE REHAB	n/a	Service not provided	Service not provided	Service not provided	Service not provided		Service not provided	Service not provided	Service not provided	Service not provided	Service not provided		Service not provided
POST ICU/POST CCU/TELEMETRY	n/a	\$ 2,625	included in Per Diem rate	\$ 1,961	not contracted		not contracted	not contracted	not contracted	not contracted	\$ 2,625	5 \$	1,961
DEFINITIVE OBSERVATION UNIT (DOU)	n/a	\$ 2,625	included in Per Diem rate	\$ 1,961	not contracted	ı \$	1,495	not contracted	not contracted	not contracted	\$ 2,625	5 \$	1,495
MEDICAL / SURGICAL	n/a	\$ 2,520	included in Per Diem rate	\$ 1,961	not contracted	ı \$	1,495	not contracted	\$ 1,691	not contracted	\$ 2,520) \$	1,495
PEDIATRICS	n/a	\$ 2,520	included in Per Diem rate	\$ 1,961	not contracted	\$	1,495	not contracted	\$ 1,236	not contracted	\$ 2,520) \$	1,236
MEDICAL HUB SERVICES	n/a	not contracted	not contracted	not contracted	not contracted		not contracted	not contracted	\$206 per exam/evaluation	not contracted	\$206 per exam/evaluation		\$206 per exam/evaluation
				Normal Delivery (Case Rate, 3 days): \$5,149									
				C-Section (Case Rate, 3 days): \$5,149									
MATERNITY/DELIVERY	n/a	\$ 1,890	included in Per Diem rate	Additional OB Day: \$2,002	not contracted	\$	1,495	not contracted	\$ 1,236	not contracted	\$ 2,002	\$	1,236
BOARDER BABY	n/a	Maternity/ Delivery rate	included in Per Diem rate		not contracted	\$	430	not contracted	Maternity/ Delivery rate	not contracted		\$	430

Footnotes:

^{*} Inpatient services presented are commonly provided by Health Services hospitals, excluding services which are not considered "shoppable".

^{**} Facility Rates presented are per diem rate unless stated otherwise.

^{***} Professional services are not contracted.